

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587548

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
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49		1						
50		1						
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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99								
100								
TOTAL IND.	5							
TOTAL DEP.	51							
TOTAL CLAIMS	56							